

Member Interest Questionnaire

What was your previous involvement in synagogue life? _____

I'd like to help lead services : YES _____ NO _____

If Yes:

What service (s) can you lead? _____

Read Torah YES _____ NO _____ Chant Haftorah YES _____ NO _____

What aspects of Synagogue life interest you?	Adult 1	Adult 2
Adult Education.....	<input type="checkbox"/>	<input type="checkbox"/>
Building/Grounds/Security.....	<input type="checkbox"/>	<input type="checkbox"/>
Book Sale.....	<input type="checkbox"/>	<input type="checkbox"/>
Chesed/Social Action.....	<input type="checkbox"/>	<input type="checkbox"/>
Chevre Kaddisha	<input type="checkbox"/>	<input type="checkbox"/>
Communications/PR.....	<input type="checkbox"/>	<input type="checkbox"/>
Family Programming.....	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising.....	<input type="checkbox"/>	<input type="checkbox"/>
Lifelong Learning.....	<input type="checkbox"/>	<input type="checkbox"/>
Membership.....	<input type="checkbox"/>	<input type="checkbox"/>
Men's Club.....	<input type="checkbox"/>	<input type="checkbox"/>
Religious School.....	<input type="checkbox"/>	<input type="checkbox"/>
Religious Life/Ritual.....	<input type="checkbox"/>	<input type="checkbox"/>
Sisterhood.....	<input type="checkbox"/>	<input type="checkbox"/>
Volunteering.....	<input type="checkbox"/>	<input type="checkbox"/>
Youth Programs.....	<input type="checkbox"/>	<input type="checkbox"/>



All Who Enter Are Welcome

Membership Application

Beth David Synagogue

804 Winview Drive

Greensboro NC 27410

336.294.0007

www.bethdavidsynagogue.org

Adult 1

Name _____

Address _____

City/State/Zip _____

Contact Phone _____

Email _____

Birthdate _____
(with year)

Single ___ Married ___ Divorced ___
Widowed ___ Partnered ___

Anniversary Date _____

Hebrew Name _____

Parents' Hebrew Names _____

Jewish ___ Yes ___ No ___

Kohen ___ Levi ___ Israelite ___

If Converted, when/where _____

Previous congregation _____
(name, location) _____

Occupation _____

Employer _____

Emergency Contact: _____

Adult 2

Name _____

Address _____

City/State/Zip _____

Contact Phone _____

Email _____

Birthdate _____
(with year)

Single ___ Married ___ Divorced ___
Widowed ___ Partnered ___

Anniversary Date _____

Hebrew Name _____

Parents' Hebrew Names _____

Jewish ___ Yes ___ No ___

Kohen ___ Levi ___ Israelite ___

If Converted, when/where _____

Previous congregation _____
(name, location) _____

Occupation _____

Employer _____

Emergency Contact: _____

	Child 1	Child 2	Child 3
Name	_____	_____	_____
Hebrew Name	_____	_____	_____
Birthdate	M____D____Y____	M____D____Y____	M____D____Y____
Current Grade	_____	_____	_____
School Attends	_____	_____	_____
If grown...	_____	_____	_____
Married?	_____	_____	_____
Where do they live?	_____	_____	_____
Children?	_____	_____	_____
Please let us know about the special interests and hobbies of your children as well as any other important information.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Yahrzeit Observance: If you would like to receive Yahrzeit date reminders, please list below...

Name(s) of Deceased:	Relative of _____:	Relationship _____:	English Date of Death:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Type of Membership: Family Single-parent family Junior Family Individual Junior Individual
 Affiliate Out-of-Town

Date: _____